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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*CLL*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*CLL*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/08/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>CLL</i> Examiner's Signature	Initials			

## ADDRESS

006147

## TITLE

Method and system for segmentation of medical images

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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